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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Approved for use through 19/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

GAU 2162 \$1 ✓

		Application Number	09/339,325
		Filing Date	June 23, 1999
		First Named Inventor	Yoav Shoham
		Group Art Unit	2162
		Examiner Name	Young, J.
Total Number of Pages in This Submission	54	Attorney Docket Number	3660P001X

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	 <div style="border: 1px solid black; padding: 5px;">Return Postcard. (Copies of 40 cited references enclosed.) Substitute for form 1449A/PTO.</div>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	 	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	 	

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Carol F. Barry, Reg. No. 41,600 BLAKELY SOKOLOFF, TAYLOR & ZAFMAN
Signature	
Date	July 13, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: July 16, 2001

Typed or printed name	Azar Burnham		
Signature		Date	07/16/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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FEE TRANSMITTAL
for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete If Known

Application Number	09/339,325
Filing Date	06/23/99
First Named Inventor	Yoav Shoham, et al.
Examiner Name	Young, J.
Group Art Unit	2162
Attorney Docket Number	3660P001X

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

Charge Any Additional Fee Required
Under 37CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION (continued)**3. ADDITIONAL FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee Description	Fee Paid
105	130	205 Surcharge - late filing fee or oath	
127	50	227 Surcharge - late provisional filing fee or cover sheet.	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920	112 920 Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 Extension for response within first month	
116	390	216 Extension for response within second month	
117	890	217 Extension for response within third month	
118	1,390	218 695 Extension for response within fourth month	
128	1,890	228 945 Extension for response within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidably	
141	1,240	241 620 Petition to revive - unintentionally	
142	1,240	242 620 Utility issue fee (or reissue)	
143	440	243 220 Design issue fee	
144	600	244 300 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	180	126 180 Submission of Information Disclosure Stmt	180
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	710	246 355 Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249 355 For each additional invention to be examined (37 CFR 1.129(b))	
179	710	279 355 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify) _____			

FEE CALCULATION**1. FILING FEE****Large Entity Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES**

Total Claims	-	Extra Claims	Fee from below	Fee Paid
Independent Claims	-	** =	X 18.00 =	\$0.00
Multiple Dependent Claims	=	** =	X 80.00 =	\$0.00

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple Dependent claim
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

0.00

*or number previously paid, if greater. For Reissues, see above

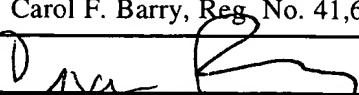
* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

180.00

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name	Carol F. Barry, Reg. No. 41,600			Reg. Number	
Signature		Date	07/16/01	Deposit Account User ID	02-2666

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